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SENATE & LABOR  
EXHIBIT NO. 21  
DATE 2-11-11  
BILL NO. SB 272

Re: Opposition to SB ~~272~~

Mr. Chairman and Committee Members:

My name is Dr. Lee Simes and I have been a Psychiatric Physician for over 31 years practicing mainly in rural communities. I am proud now to be employed at Montana State Hospital as a Psychiatric Physician serving the sickest of our citizens with mental illness.

Today, though, I am here on my own time at this hearing in the role of President of the Montana Psychiatric Association, the District Branch of the American Psychiatric Association. My members along with myself have joined the Montana Medical Association, the American Medical Association, all Medical Specialty Organizations in the A.M.A in opposition to this bill. Our belief in common is that there is

**NO SHORT CUT TO BECOMING A PRESCRIBING PSYCHIATRIC PRACTITIONER!**

Most Physicians will agree that patients with Mental Illness are some of the most complex and challenging of all in medicine due to their brain and body impairment. In addition, their psychiatric and medical conditions require treatment with the most powerful and dangerous medications, much like the chemotherapy for cancer.

Though we have many successes in this battle, many of our patients due to genetic, social, financial, and poor health habits, will have their life span shortened by as much as **25 years!**

Because the severity of their mental and physical illnesses, Psychiatric Physicians have the longest training requirement of almost any physician except for a few such as Cardiac and Neurosurgeons. To learn the physiology, anatomy, pathology, pharmacology, metabolic and diagnosis of both the brain and the body requires the Psychiatric Physician to train for 12 years for adults and 13 years for children before they can practice independently. Our patients with mental illness deserve the best care possible and there is

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Access is also part of this debate as well it should be. Be it a Psychologist or a Psychiatric Physician, we do want people with mental illness to get treatment as close to their community and families as possible. But when I look at the map of where Psychologists are located, the distribution seems to leave the same gaps in care and access is not improved.

Then I compare the locations of Family Physicians, both in the rural communities and hospitals and I see an obvious way to improve access. Why not help to train these rural Family Physicians that have already completed the education of Medical School and have prescribing knowledge to feel more able to treat those of their patients with mental illness. Isn't this more efficient than to start from scratch with non-Physicians?

The Montana Psychiatric Association members in Billings recently held such a conference "Psychiatry on the Frontier", a training for rural Family Physicians to improve their skills in the treatment of the mentally ill. Presently, there are Telemedicine and Internet Psychiatric Consultations Programs being developed that would allow rural Family Physicians to request consultations with Psychiatric Physicians about patients in their Community Hospitals and ERs. Montana Medicaid also sends out letters to Physicians that are educational in nature that recommend quality improving guidelines in regards to prescribing for the mentally ill. In addition, these same Physicians are offered a phone consultation with a Psychiatric Physician if they so desire.

But the bottom line is that our patients with mental illness deserve the best care they can get and there is

**NO SHORT CUT TO BECOMING A PRESCRIBING PSYCHIATRIC PRACTITIONER!**

**PLEASE OPPOSE SENATE BILL 272 "An Act Revising Laws Relating to Psychology"**

**February 11, 2011**

Good Morning Mr. Chairman and members of the Committee. My name's Ginny Hill, I live in Anaconda, and I'm a psychiatric physician at Montana State Hospital. I am here today to ask you to oppose Senate Bill 272 "An Act Revising Laws Relating to Psychology" for two reasons: 1) It would allow inadequately trained providers to essentially practice medicine and jeopardize the safety of Montana citizens; and 2) It will not solve the problem of accessing mental health care in rural Montana.

Psychologists propose to prescribe only "drugs or medicines customarily used in the diagnosis and treatment of mental or emotional disorders." Medicines of this nature are some of the most powerful medicines prescribed by physicians. The target organ is the brain, but these medications impact other organs as well. Psychiatric physicians spend a minimum of eight years learning the intricacies of how our bodies function during different phases of our lives, i.e., when we are young, when we are well, when we are pregnant, when we are sick, and when we are old. Our clinical training includes years of working days, nights, and weekends treating patients during all aspects of their illnesses. At least 50% of persons with mental illness have physical problems or substance abuse problems that must be carefully considered as we prescribe these medications. Senate Bill 272 would allow psychologists to make these critical decisions with two years of clinical psychopharmacology training and 100 hours of supervised contact with patients. The supervision requirement could be accomplished in a week. The bill also does not state the age or health status of these supervised patients (i.e., children, adolescents, acutely ill, chronically ill, pregnant, elderly).

Nobody is going to deny that there are serious access to mental health care problems in rural Montana, or for that matter, for inadequately insured individuals seeking mental health treatment in urban areas. However, we have enough "prescribers" (physicians, nurse practitioners, physician's assistants). Rocky Mountain College continues to train physician assistants. Montana State University's College of Nursing is now training nurse practitioners. There are 2,259 physicians in the state. But like most rural areas of the country, "prescribers" are maldistributed. The economic reality is that "prescribers" will live where they have a medical infrastructure and where there are enough adequately insured patients to support a practice. The other stark reality is that the payment for care has not kept up with the cost of care. Persons with chronic mental illness tend lose adequate insurance coverage early in their illnesses. There is no evidence that if psychologists were granted prescriptive authority, they too would not follow practice patterns similar to already established "prescribers." They would really have no choice. They too would need to earn an income, pay malpractice insurance, and collaborate with medical practitioners.

In summary, Senate Bill 272 compromises patient safety, and is not going to solve the access to mental health care problem in rural Montana. The Montana Legislature has already rejected bills of this nature on three occasions. Despite intense activity by a narrow group of psychologists nationwide, granting prescriptive authority to psychologists has met with overwhelming defeat in other states as well. Access issues will not likely improve until payment improves. In the meantime efforts are being made to provide more mental health training to Montana "prescribers," increase the use of telepsychiatry, and offer loan/time repayment incentives for recently graduating medical professionals willing to work in health care shortage areas.